

HOUSE BILL No. 1297

DIGEST OF HB 1297 (Updated January 22, 2002 6:43 PM - DI 77)

Citations Affected: IC 25-23; IC 25-23.2; noncode.

Synopsis: Interstate nurse licensure compact. Adopts the interstate nurse licensure compact to allow a registered nurse or licensed practical nurse who is licensed in another state that is a party to the compact to practice nursing in Indiana. Provides that the state board of nursing administers the compact. Provides that the compact may not be implemented until July 1, 2003. (The introduced version of this bill was prepared by the health finance commission.)

Effective: July 1, 2002.

Welch, Brown C, Dillon, Borror

January 14, 2002, read first time and referred to Committee on Public Health. January 23, 2002, amended, reported — Do Pass.



Second Regular Session 112th General Assembly (2002)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2001 General Assembly.

HOUSE BILL No. 1297

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 25-23-1-1.1	IS AMENDED TO READ AS
FOLLOWS [EFFECTIVE JULY 1,	, 2002]: Sec. 1.1. (a) As used in this
chapter, "registered nurse" means a	a person who holds a valid license
issued.	

- (1) under this chapter; or
- (2) by a party state (as defined in IC 25-23.2-1-11); and who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
- (b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:
 - (1) assessing health conditions;
 - (2) deriving a nursing diagnosis;
 - (3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;
 - (4) advocating the provision of health care services through

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1	collaboration with or referral to other health professionals;
2	(5) executing regimens delegated by a physician with an
3	unlimited license to practice medicine or osteopathic medicine, a
4	licensed dentist, a licensed chiropractor, a licensed optometrist,
5	or a licensed podiatrist;
6	(6) teaching, administering, supervising, delegating, and
7	evaluating nursing practice;
8	(7) delegating tasks which assist in implementing the nursing,
9	medical, or dental regimen; or
.0	(8) performing acts which are approved by the board or by the
.1	board in collaboration with the medical licensing board of
2	Indiana.
3	(c) As used in this chapter, "assessing health conditions" means the
4	collection of data through means such as interviews, observation, and
.5	inspection for the purpose of:
.6	(1) deriving a nursing diagnosis;
.7	(2) identifying the need for additional data collection by nursing
.8	personnel; and
9	(3) identifying the need for additional data collection by other
20	health professionals.
21	(d) As used in this chapter, "nursing regimen" means preventive,
22	restorative, maintenance, and promotion activities which include
23	meeting or assisting with self-care needs, counseling, and teaching.
24	(e) As used in this chapter, "nursing diagnosis" means the
25	identification of needs which are amenable to nursing regimen.
26	SECTION 2. IC 25-23-1-1.2 IS AMENDED TO READ AS
27	FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.2. As used in this
28	chapter, "licensed practical nurse" means a person who holds a valid
29	license issued under this chapter or by a party state (as defined in
30	IC 25-23.2-1-11) and who functions at the direction of:
31	(1) a registered nurse;
32	(2) a physician with an unlimited license to practice medicine or
33	osteopathic medicine;
34	(3) a licensed dentist;
35	(4) a licensed chiropractor;
86	(5) a licensed optometrist; or
37	(6) a licensed podiatrist;
88	in the performance of activities commonly performed by practical
39	nurses and requiring special knowledge or skill.
10	SECTION 3. IC 25-23-1-7 IS AMENDED TO READ AS
1	FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) The board shall
12	do the following:





1	(1) Adopt under IC 4-22-2 rules necessary to enable it to carry
2	into effect this chapter.
3	(2) Prescribe standards and approve curricula for nursing
4 5	education programs preparing persons for licensure under this chapter.
6	(3) Provide for surveys of such programs at such times as it
7	considers necessary.
8	(4) Accredit such programs as meet the requirements of this
9	chapter and of the board.
10	(5) Deny or withdraw accreditation from nursing education
11	programs for failure to meet prescribed curricula or other
12	standards.
13	(6) Examine, license, and renew the license of qualified
14	applicants.
15	(7) Issue subpoenas, compel the attendance of witnesses, and
16	administer oaths to persons giving testimony at hearings.
17	(8) Cause the prosecution of all persons violating this chapter and
18	have power to incur necessary expenses for these prosecutions.
19	(9) Adopt rules under IC 4-22-2 that do the following:
20	(A) Prescribe standards for the competent practice of
21	registered, practical, and advanced practice nursing.
22	(B) Establish with the approval of the medical licensing board
23	created by IC 25-22.5-2-1 requirements that advanced practice
24	nurses must meet to be granted authority to prescribe legend
25	drugs and to retain that authority.
26	(10) Keep a record of all its proceedings.
27	(11) Collect and distribute annually demographic information on
28	the number and type of registered nurses and licensed practical
29	nurses employed in Indiana.
30	(12) Notify each registered nurse and licensed practical nurse
31	residing in Indiana when final rules concerning the practice of
32	nursing are published in the Indiana register.
33	(13) Adopt rules and administer the interstate nurse licensure
34	compact under IC 25-23.2.
35	(b) The board may do the following:
36	(1) Create ad hoc subcommittees representing the various nursing
37	specialties and interests of the profession of nursing. Persons
38	appointed to a subcommittee serve for terms as determined by the
39	board.
40	(2) Utilize the appropriate subcommittees so as to assist the board
41	with its responsibilities. The assistance provided by the



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subcommittees may include the following:

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1 2	(A) Recommendation of rules necessary to carry out the duties of the board.
3	(B) Recommendations concerning educational programs and
4	requirements.
5	(C) Recommendations regarding examinations and licensure
6	of applicants.
7	(3) Appoint nurses to serve on each of the ad hoc subcommittees.
8	(c) Nurses appointed under subsection (b) must:
9	(1) be committed to advancing and safeguarding the nursing
10	profession as a whole; and
11	(2) represent nurses who practice in the field directly affected by
12	a subcommittee's actions.
13	SECTION 4. IC 25-23-1-11, AS AMENDED BY P.L.236-1999,
14	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
15	JULY 1, 2002]: Sec. 11. (a) Any person who applies to the board for a
16	license to practice as a registered nurse must:
17	(1) not have:
18	(A) been convicted of a crime that has a direct bearing on the
19	person's ability to practice competently; or
20	(B) committed an act that would constitute a ground for a
21	disciplinary sanction under IC 25-1-9;
22	(2) have completed:
23	(A) the prescribed curriculum and met the graduation
24	requirements of a state accredited program of registered
25	nursing that only accepts students who have a high school
26	diploma or its equivalent as determined by the board; or
27	(B) the prescribed curriculum and graduation requirements of
28	a nursing education program in a foreign country that is
29	substantially equivalent to a board approved program as
30	determined by the board. The board may by rule adopted under
31	IC 4-22-2 require an applicant under this subsection to
32	successfully complete an examination approved by the board
33 34	to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language;
35	and
36	(3) be physically and mentally capable of and professionally
37	competent to safely engage in the practice of nursing as
38	determined by the board.
39	The board may not require a person to have a baccalaureate degree in
40	nursing as a prerequisite for licensure.
41	(b) The applicant must pass an examination in such subjects as the
T 1	(b) The applicant must pass an examination in such subjects as the

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board may determine.

1	(c) The board may issue by endorsement a license to practice as a
2	registered nurse to an applicant who has been licensed as a registered
3	nurse, by examination, under the laws of another state if the applicant
4	presents proof satisfactory to the board that, at the time that the
5	applicant applies for an Indiana license by endorsement, the applicant
6	holds a current license in another state and possesses credentials and
7	qualifications that are substantially equivalent to requirements in
8	Indiana for licensure by examination. The board may specify by rule
9	what constitutes substantial equivalence under this subsection.
10	(d) The board may issue by endorsement a license to practice as a
11	registered nurse to an applicant who:
12	(1) has completed the English version of the Canadian Nurse
13	Association Testing Service Examination;
14	(2) achieved the passing score required on the examination at the
15	time the examination was taken;
16	(3) is currently licensed in a Canadian province or in another
17	state; and
18	(4) meets the other requirements under this section.
19	(e) Each applicant for examination and registration to practice as a
20	registered nurse shall pay a fee set by the board. The board may set a
21	proctoring fee to be paid by applicants who are graduates of a state
22	accredited school in another state. Payment of the fee or fees shall be
23	made by the applicant prior to the date of examination.
24	(f) Any person who holds a license to practice as a registered nurse
25	in:
26	(1) Indiana; or
27	(2) a party state (as defined in IC 25-23.2-1-11);
28	may use the title "Registered Nurse" and the abbreviation "R.N.". No
29	other person shall practice or advertise as or assume the title of
30	registered nurse or use the abbreviation of "R.N." or any other words,
31	letters, signs, or figures to indicate that the person using same is a
32	registered nurse.
33	(g) Any person holding a license or certificate of registration to
34	practice nursing as a registered nurse issued by the board which is valid
35	on December 1, 1971, shall be considered to be licensed as a registered
36	nurse under this chapter.
37	SECTION 5. IC 25-23-1-12 IS AMENDED TO READ AS
38	FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 12. (a) A person who
39	applies to the board for a license to practice as a licensed practical

(A) an act which would constitute a ground for disciplinary



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(1) not have been convicted of:

nurse must:

1	sanction under IC 25-1-9; or
2	(B) a crime that has a direct bearing on the person's ability to
3	practice competently;
4	(2) have completed:
5	(A) the prescribed curriculum and met the graduation
6	requirements of a state accredited program of practical nursing
7	that only accepts students who have a high school diploma or
8	its equivalent, as determined by the board; or
9	(B) the prescribed curriculum and graduation requirements of
10	a nursing education program in a foreign country that is
11	substantially equivalent to a board approved program as
12	determined by the board. The board may by rule adopted under
13	IC 4-22-2 require an applicant under this subsection to
14	successfully complete an examination approved by the board
15	to measure the applicant's qualifications and background in the
16	practice of nursing and proficiency in the English language;
17	and
18	(3) be physically and mentally capable of, and professionally
19	competent to, safely engage in the practice of practical nursing as
20	determined by the board.
21	(b) The applicant must pass an examination in such subjects as the
22	board may determine.
23	(c) The board may issue by endorsement a license to practice as a
24	licensed practical nurse to an applicant who has been licensed as a
25	licensed practical nurse, by examination, under the laws of another
26	state if the applicant presents proof satisfactory to the board that, at the
27	time of application for an Indiana license by endorsement, the applicant
28	possesses credentials and qualifications that are substantially
29	equivalent to requirements in Indiana for licensure by examination. The
30	board may specify by rule what shall constitute substantial equivalence
31	under this subsection.
32	(d) Each applicant for examination and registration to practice as a
33	practical nurse shall pay a fee set by the board. The board may set a
34	proctoring fee to be paid by applicants who are graduates of a state
35	accredited school in another state. Payment of the fees shall be made
36	by the applicant before the date of examination.
37	(e) Any person who holds a license to practice as a licensed
38	practical nurse in:
39	(1) Indiana; or
40	(2) a party state (as defined in IC 25-23.2-1-11);
41	may use the title "Licensed Practical Nurse" and the abbreviation
42	"L.P.N.". No other person shall practice or advertise as or assume the



1	title of licensed practical nurse or use the abbreviation of "L.P.N." or
2	any other words, letters, signs, or figures to indicate that the person
3	using them is a licensed practical nurse.
4	SECTION 6. IC 25-23-1-27 IS AMENDED TO READ AS
5	FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 27. A person who:
6	(1) sells or fraudulently obtains or furnishes any nursing diploma,
7	license or record;
8	(2) practices nursing under cover of any diploma or license or
9	record illegally or fraudulently obtained or assigned or issued
10	unlawfully or under fraudulent representation;
11	(3) practices nursing as a registered nurse or licensed practical
12	nurse unless duly licensed to do so under this chapter or under
13	IC 25-23.2;
14	(4) uses in connection with his the person's name any
15	designation tending to imply that he the person is a registered
16	nurse or a licensed practical nurse unless duly licensed so to
17	practice under this chapter or under IC 25-23.2;
18	(5) practices nursing during the time his the person's license
19	issued under this chapter or under IC 25-23.2 is suspended or
20	revoked;
21	(6) conducts a school of nursing or a program for the training of
22	practical nurses unless the school or program has been accredited
23	by the board; or
24	(7) otherwise violates this chapter;
25	commits a Class B misdemeanor.
26	SECTION 7. IC 25-23.2 IS ADDED TO THE INDIANA CODE AS
27	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
28	2002]:
29	ARTICLE 23.2. INTERSTATE NURSE LICENSURE
30	COMPACT
31	Chapter 1. Definitions
32	Sec. 1. The definitions in this chapter apply throughout this
33	article.
34	Sec. 2. "Adverse action" means a home or remote state action.
35	Sec. 3. "Alternative program" means a voluntary,
36	nondisciplinary monitoring program approved by a nurse licensing
37	board.
38	Sec. 4. "Coordinated licensure information system" means an
39	integrated process for collecting, storing, and sharing information
40	on nurse licensure and enforcement activities related to nurse
41	licensure laws, which is administered by a nonprofit organization
42	composed of and controlled by state nurse licensing boards.



1	Sec. 5. "Current significant investigative information" means:
2	(1) investigative information that a licensing board, after a
3	preliminary inquiry that includes notification and an
4	opportunity for the nurse to respond if required by state law,
5	has reason to believe is not groundless and, if proved true,
6	would indicate more than a minor infraction; or
7	(2) investigative information that indicates that the nurse
8	represents an immediate threat to public health and safety
9	regardless of whether the nurse has been notified and had an
0	opportunity to respond.
1	Sec. 6. "Home state" means the party state that is the nurse's
2	primary state of residence.
3	Sec. 7. "Home state action" means any administrative, civil,
4	equitable, or criminal action permitted by the home state's laws
5	that are imposed on a nurse by the home state's licensing board or
6	other authority, including an action against an individual's license
7	such as revocation, suspension, probation, or any other action that
8	affects a nurse's authorization to practice.
9	Sec. 8. "Licensing board" means a party state's regulatory body
20	responsible for issuing nurse licenses.
21	Sec. 9. "Multistate licensure privilege" means current, official
22	authority from a remote state permitting the practice of nursing as
23	either a registered nurse or a licensed practical/vocational nurse in
24	that party state. All party states have the authority, in accordance
25	with state due process law, to take actions against the nurse's
26	privilege such as revocation, suspension, probation, or any other
27	action that affects a nurse's authorization to practice.
28	Sec. 10. "Nurse" means a registered nurse or licensed
29	practical/vocational nurse as defined by the state practice laws of
80	each party state.
31	Sec. 11. "Party state" means any state that has adopted this
32	compact.
33	Sec. 12. "Remote state" means a party state, other than the
34	home state:
35	(1) where the patient is located at the time nursing care is
36 37	provided; or
	(2) in the case of the practice of nursing not involving a
88 89	patient, in a party state where the recipient of nursing
19 10	practice is located. Sec. 13. "Remote state action" means:
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11 12	(1) any administrative, civil, equitable, or criminal action



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1	nurse by the remote state's licensing board or other authority,
2	including actions against an individual's multistate licensure
3	privilege to practice in the remote state; and
4	(2) cease and desist and other injunctive or equitable orders
5	issued by remote states or the licensing boards of remote
6	states.
7	Sec. 14. "State" means a state, territory, or possession of the
8	United States, the District of Columbia, or the Commonwealth of
9	Puerto Rico.
10	Sec. 15. "State practice laws" means the individual party state's
11	laws and rules that govern the practice of nursing, define the scope
12	of nursing practice, and create the methods and grounds for
13	imposing discipline. The term does not include the initial
14	qualifications for licensure or requirements necessary to obtain
15	and retain a license, except for qualifications or requirements of
16	the home state.
17	Chapter 2. General Provisions and Jurisdiction
18	Sec. 1. A license to practice registered nursing issued by a home
19	state to a resident in that state shall be recognized by each party
20	state as authorizing a multistate licensure privilege to practice as
21	a registered nurse in the party state. A license to practice licensed
22	practical/vocational nursing issued by a home state to a resident in
23	that state shall be recognized by each party state as authorizing a
24	multistate licensure privilege to practice as a licensed
25	practical/vocational nurse in the party state. To obtain or retain a
26	license, an applicant must meet the home state's qualifications for
27	licensure and license renewal and all other applicable state laws.
28	Sec. 2. Party states may, in accordance with state due process
29	laws, limit or revoke the multistate licensure privilege of any nurse
30	to practice in their state and may take any other actions under
31	their applicable state laws necessary to protect the health and
32	safety of their citizens. If a party state takes such an action, it shall
33	promptly notify the administrator of the coordinated licensure
34	information system. The administrator of the coordinated licensure
35	information system shall promptly notify the home state of any
36	such actions by remote states.

Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the



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1	courts, and the laws in that party state.
2	Sec. 4. This compact does not affect additional requirements
3	imposed by states for advanced practice registered nursing.
4	However, a multistate licensure privilege to practice registered
5	nursing granted by a party state shall be recognized by other party
6	states as a license to practice registered nursing if a license is
7	required by state law as a precondition for qualifying for advanced
8	practice registered nurse authorization.
9	Sec. 5. Individuals not residing in a party state continue to be
10	able to apply for nurse licensure as provided for under the laws of
11	each party state. However, the license granted to these individuals
12	is not recognized as granting the privilege to practice nursing in
13	any other party state unless explicitly agreed to by that party state.
14	Chapter 3. Applications for Licensure in a Party State
15	Sec. 1. Upon application for a license, the licensing board in a
16	party state shall ascertain, through the coordinated licensure
17	information system, whether the applicant has ever held, or is the
18	holder of, a license issued by any other party state, whether there
19	are any restrictions on the multistate licensure privilege, and
20	whether any other adverse action by any state has been taken
21	against the license.
22	Sec. 2. A nurse in a party state may hold licensure in only one
23	(1) party state at a time, issued by the home state.
24	Sec. 3. A nurse who intends to change primary state of residence
25	may apply for licensure in the new home state before the change.
26	However, a new license may not be issued by a party state until a
27	nurse provides evidence of change in primary state of residence
28	satisfactory to the new home state's licensing board.
29	Sec. 4. A nurse changes primary state of residence by:
30	(1) moving between two (2) party states, and obtains a license
31	from the new home state, the license from the former home
32	state is no longer valid;
33	(2) moving from a nonparty state to a party state, and obtains
34	a license from the new home state, the individual state license
35	issued by the nonparty state is not affected and remains in
36	force if provided by the laws of the nonparty state; or
37	(3) moving from a party state to a nonparty state, the license
38	issued by the prior home state converts to an individual state
39	license, valid only in the former home state, without the
40	multistate licensure privilege to practice in other party states.

Sec. 5. A nurse who is licensed in a party state and who attains

employment as a nurse in Indiana must file a multistate licensure



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1	privilege form with the health professions bureau and pay the fee
2	established by the bureau.
3	Chapter 4. Adverse Actions
4	Sec. 1. This chapter applies in addition to IC 25-23.2-2.
5	Sec. 2. The licensing board or the attorney general of a remote
6	state shall promptly report to the administrator of the coordinated
7	licensure information system any remote state actions, including
8	the factual and legal basis for such action if known. The licensing
9	board of a remote state shall promptly report any significant
10	current investigative information yet to result in a remote state
11	action. The administrator of the coordinated licensure information
12	system shall promptly notify the home state of any such reports.
13	Sec. 3. The licensing board of a party state has authority to
14	complete any pending investigations for a nurse who changes
15	primary state of residence during the course of such investigations.
16	The licensing board also has authority to take appropriate action
17	and shall promptly report the conclusions of such investigations to
18	the administrator of the coordinated licensure information system.
19	The administrator of the coordinated licensure information system
20	shall promptly notify the new home state of any such actions.
21	Sec. 4. A remote state may take adverse action affecting the
22	multistate licensure privilege to practice within that party state.
23	However, only the home state has authority to impose adverse
24	action against the license issued by the home state.
25	Sec. 5. For purposes of imposing adverse action, the licensing
26	board of the home state shall give the same priority and effect to
27	reported conduct received from a remote state as it would if such
28	conduct had occurred within the home state. In so doing, it shall
29	apply its own state laws to determine appropriate action.
30	Sec. 6. The home state may take adverse action based on the
31	factual findings of the remote state, so long as each state follows its
32	own procedures for imposing such adverse action.
33	Sec. 7. Nothing in this compact overrides a party state's decision
34	that participation in an alternative program may be used instead
35	of licensure action and that such participation shall remain
36	nonpublic if required by the party state's laws. Party states must
37	require nurses who enter any alternative programs to agree not to
38	practice in any other party state during the term of the alternative
39	program without prior authorization from the other party state.
40	Chapter 5. Additional Authority Invested in Party State Nurse

Sec. 1. Notwithstanding any other powers, party state nurse



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Licensing Boards

1	licensing boards may:
2	(1) if otherwise permitted by state law, recover from the
3	affected nurse the costs of investigations and disposition of
4	cases resulting from any adverse action taken against that
5	nurse;
6	(2) issue subpoenas for both hearings and investigations that
7	require the attendance and testimony of witnesses and the
8	production of evidence. Subpoenas issued by a nurse licensing
9	board in a party state for the attendance and testimony of
10	witnesses and the production of evidence from another party
11	state shall be enforced in the latter state by any court with
12	jurisdiction, according to the practice and procedure of that
13	court applicable to subpoenas issued in proceedings pending
14	before it. The issuing authority shall pay any witness fees,
15	travel expenses, mileage, and other fees consistent with
16	Indiana law;
17	(3) issue cease and desist orders to limit or revoke a nurse's
18	authority to practice in their state; and
19	(4) adopt uniform rules as provided for in IC 25-23.2-7-3.
20	Chapter 6. Coordinated Licensure Information System
21	Sec. 1. All party states shall participate in a cooperative effort
22	to create a coordinated database of all licensed registered nurses
23	and licensed practical/vocational nurses. This system includes
24	information on the licensure and disciplinary history of each nurse,
25	as contributed by party states, to assist in the coordination of nurse
26	licensure and enforcement efforts.
27	Sec. 2. Notwithstanding any other law, all party states' licensing
28	boards or attorney generals shall promptly report adverse actions,
29	actions against multistate licensure privileges, any current
30	significant investigative information yet to result in adverse action,
31	denials of applications, and the reasons for such denials to the
32	coordinated licensure information system.
33	Sec. 3. Current significant investigative information shall be
34	transmitted through the coordinated licensure information system
35	only to party state licensing boards.
36	Sec. 4. Notwithstanding any other law, all party states' licensing
37	boards contributing information to the coordinated licensure
38	information system may designate information that may not be
39	shared with nonparty states or disclosed to other entities or
40	individuals without the express permission of the contributing

Sec. 5. Any personally identifiable information obtained by a



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state.

	g board from the coordinated licensure
	ay not be shared with nonparty states or
	ities or individuals except to the extent
permitted by the lav information.	vs of the party state contributing the
	ion contributed to the coordinated licensure
	at is subsequently required to be expunged
	y state contributing that information shall
	m the coordinated licensure information
system.	
	ct administrators, acting jointly and in
	administrator of the coordinated licensure
	shall formulate necessary and proper
•	lentification, collection, and exchange of
information under this	compact. act Administration and Interchange of
Information	act Administration and Interchange of
	divertor of the health professions bureau
	e director of the health professions bureau or that person's designee, shall be the
•	ompact for that person's state.
	et administrator of each party state shall
_	administrator of each other party state any
_	iments, including, but not limited to, a
	investigations, identifying information,
	closable alternative program participation
	te the administration of this compact.
	ninistrators may develop uniform rules to
-	te implementation of this compact. These
	adopted by party states under IC 25-23.2-5.
Chapter 8. Immunit	
	y rty state nor an officer, employee, or agent
-	e licensing board who acts in accordance
	able on account of any act or omission in
-	ed in the performance of duties under this
	in this article does not include willful
-	igence, or recklessness.
	to Force, Withdrawal, and Amendment
Chapter 2. Entry III	to Force, Withurawai, and Amendment

has been enacted into the laws of that state. Any party state may withdraw from this compact.

Sec. 1. This compact becomes effective as to any state when it

Sec. 2. No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any



1	report of adverse action occurring before the withdrawal.
2	Sec. 3. This compact shall not be construed to invalidate or
3	prevent any nurse licensure agreement or other cooperative
4	arrangement between a party state and a nonparty state that is
5	made in accordance with this compact.
6	Sec. 4. This compact may be amended by the party states. No
7	amendment to this compact becomes effective and binding upon
8	the party states unless and until it is enacted into the laws of all
9	party states.
0	Chapter 10. Construction and Severability
. 1	Sec. 1. This compact shall be liberally construed to effectuate its
2	purposes. The provisions of this compact are severable and if any
3	phrase, clause, sentence, or provision of this compact is declared to
4	be contrary to the constitution of any party state or of the United
.5	States or if the applicability of this compact to any government,
.6	agency, person, or circumstance is held invalid, the validity of the
.7	remainder of this compact and the applicability of this compact to
. 8	any government, agency, person, or circumstance is not affected
9	thereby. If this compact is held contrary to the constitution of any
20	state party thereto, the compact remains in full force and effect as
21	to the remaining party states and in full force and effect as to the
22	party state affected as to a severable matter.
23	Sec. 2. If party states find a need for settling disputes arising
24	under this compact:
25	(1) the party states may submit the issues in dispute to an
26	arbitration panel comprised of an individual appointed by the
27	compact administrator in the home state, an individual
28	appointed by the compact administrator in each remote state
29	involved, and an individual mutually agreed upon by the
30	compact administrators of all the party states involved in the
31	dispute; and
32	(2) the decision of a majority of the arbitrators is final and
33	binding.
34	SECTION 8. [EFFECTIVE JULY 1, 2002] (a) Notwithstanding
35	IC 25-23.2, as added by this act, the provisions of IC 25-23.2 may
86	not be implemented until July 1, 2003.

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(b) This SECTION expires July 1, 2003.



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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1297, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, line 33, delete "Administer" and insert "Adopt rules and administer".

Page 10, between lines 40 and 41, begin a new paragraph and insert:

"Sec. 5. A nurse who is licensed in a party state and who attains employment as a nurse in Indiana must file a multistate licensure privilege form with the health professions bureau and pay the fee established by the bureau."

Page 11, line 1, after "board" insert "or the attorney general".

Page 12, line 11, delete "required by the" and insert "consistent with Indiana law;"

Page 12, delete lines 12 through 13.

Page 12, line 25, after "boards" insert "or attorney generals".

Page 13, line 15, delete "head of the nurse licensing board" and insert "executive director of the health professions bureau".

Page 13, line 37, delete "by enacting a statute repealing the" and insert "."

Page 13, delete lines 38 through 40.

Page 14, after line 33, begin a new paragraph and insert:

"SECTION 8. [EFFECTIVE JULY 1, 2002] (a) Notwithstanding IC 25-23.2, as added by this act, the provisions of IC 25-23.2 may not be implemented until July 1, 2003.

(b) This SECTION expires July 1, 2003.".

and when so amended that said bill do pass.

(Reference is to HB 1297 as introduced.)

BROWN C, Chair

Committee Vote: yeas 12, nays 1.



